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APPLICANTS

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** CONTINUING DATA *****

CHL 3/2/05

** FOREIGN APPLICATIONS *****

CHL 3/2/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 2	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged				
Examiner's Signature <i>Carl H. Lupo</i>	Initials CHL			

ADDRESS

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TITLE

Omnidirectional antenna for wireless communication with implanted medical devices

FILING FEE RECEIVED 456	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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